

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X6000

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishn			( d.	Telephone Number	Date of I (mm/dd/	nspection yr)	PERMIT#
Establishm	ent Addre	ss (nu	Coffice imber and street, city, state, zip code)		9/10	2019	19-345
			Jongo for 110 47122	502 645 1498	"/"/		
Owner	<u> </u>		Z	Purpose:	Follow-	up Releas	e Date
)mie	r Enk	: (	ahre	(. Routine	No 10 days		
Owner's A	ddress			2. Follow-up	Summary of Violations:		
•				3. Complaint			
Person in C		- C.		4. Pre-Operational	C NC R R Menu Type (See back of page)		
Responsibl			il	5. Temporary			
				6. HACCP	Wienu 1	уре (зее васк	of page)
Certified F	ood Manag	ger		7. Other (list)		2×3	1 5
Chlor	Frank	Llin	(0/20/22)		'	<u>'</u>	_43
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
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410	NC			1.1		10 Be Co	rrected By
44	<u> </u>		Observed light dield missing in stocke Measured lighting in stock closed at &	cliser		/ we	<u>.k</u>
74,-	NC -	Ε.				1 2	<del></del>
<u> </u>			-30 FC MINNER IN STOCK EVERY	· · · · · · · · · · · · · · · · · · ·			
			- 17th represed protes				
:			-light switch is in lobby			: -	÷
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Received by	<u>-</u>	•	,	Inspected by (name and title printed):			
	<u> </u>	) <u>U</u>	PRENKLIN		ngm	(EHS)	
Received by	(signature)	: /		Inspected by (signature):	^ '		
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cc:	7	_	Cc:	·	cc;		
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